

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21488

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 2086  
 Township Kaw Primary Registration District No. 1084 Registered No. 2086  
 City Kansas City (No. Whalley Hospital St.          Ward         )

**2. FULL NAME**

Mary A Mitchell  
 (a) Residence. No. 1819 Time St. 4 Ward           
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 20 yrs. 1 mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Arthur Mitchell  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Florist  
 (b) General nature of industry, business, or establishment in which employed (or employer) Mitchell Flood Co.  
 (c) Name of employer Self

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Laguna worth  
Kansas

**PARENTS**

10. NAME OF FATHER Anderson Thomas  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ga.  
 12. MAIDEN NAME OF MOTHER Sarah Freeman  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ga.

14. INFORMANT Anderson Thomas  
 (Address) 1609 E. 26th

15. FILED 7/18 27 Midn. Croome REGISTRAR  
asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 19 27  
 17. I HEREBY CERTIFY That I attended deceased from July 14 19 27 to July 14 19 27 that I last saw him or her alive on July 14 19 27, and that death occurred, on the date stated above, at 12 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hypertrophoma of kidney

49 53A  
1103B yrs. mos. ds.  
 CONTRIBUTOR (SECONDARY) Hemorrhage  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF July 14-27  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & laboratory  
 (Signed) Robert M. D.  
7/16. 1927 (Address) 1716 E. 17th St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cem. DATE OF BURIAL July 21, 19 27  
 20. UNDERTAKER Ed Kies Bro ADDRESS 2122 Vine

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Perry

Sigmond

park.

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